

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814



July 23, 1982

ALL-COUNTY INFORMATION NOTICE I-90-82

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: EFFECTS OF SSI/SSP COST-OF-LIVING INCREASES ON IN-HOME SUPPORTIVE SERVICES AND OUT-OF-HOME CARE SERVICES FOR ADULTS

REFERENCE:

As part of the Budget Act of 1982, the California State Legislature included a 2.8 percent (2.8%) cost-of-living adjustment (COLA) to the SSI/SSP benefits of the aged, blind and disabled. Since SSI/SSP benefits are used to determine IHSS income eligibility, the information is provided below.

A. The benefits are effective July 1, 1982. The IHSS service maximums and meal allowances are not changed and remain the same as those in effect since July 1, 1981. The following benefit levels shall be used in determining the IHSS share of cost for those recipients/applicants who are income eligible. Any share of cost adjustments for individual IHSS recipients shall be made retroactive to July 1, 1982. Please note that recipients of SSI/SSP will not immediately receive a change in their warrants; there will be a lump sum adjustment warrant(s) either in September or October 1982.

I. IHSS SERVICE MAXIMUMS (MPP 30-465)

- a. Severely Impaired - \$838.00
- b. Non-Severely Impaired - \$581.00

II. RESTAURANT MEAL ALLOWANCE (MPP 30-457.34)

- a. Individual - \$47.00
- b. Couple - \$94.00

III. SSI/SSP PAYMENT STANDARDSa. BENEFIT LEVEL FOR INDIVIDUALS

	<u>OWN HOME</u>	<u>HOUSEHOLD OF ANOTHER*</u>
- Aged or Disabled	\$451.00	\$356.24
- Blind	506.00	411.24
- Disabled Minor	358.00	263.24

*Any recipient living in the household of another and receiving free room and board is considered to be receiving in-kind income. Federal regulations reduce the benefit level for these individuals by one-third (1/3) of the federal SSI benefit to allow for in-kind income. This reduction equals \$94.76 for an individual and \$142.13 for a couple.

b. BENEFIT LEVEL FOR COUPLES

	<u>OWN HOME</u>	<u>HOUSEHOLD OF ANOTHER</u>
- Aged or Disabled	\$838.00	\$695.87
- Blind	985.00	842.87
- Blind/Aged or Disabled	929.00	786.87

B. Consistent with the SSI/SSP benefit level adjustments, the following changes shall be made to the allowances shown on Forms SOC 294A (IHSS Income Eligibility-Adult) and SOC 294C (IHSS Income Eligibility-Child). See attachments for illustration.

I. SOC 294A

- a. Change allowances in Column B, row 2a to \$142.10.
- b. Change allowances in Column B, row 6 to \$142.10.
- c. Change allowances in Column B, row 19 to \$142.10.

II. SOC 294C

- a. Change allowances in Column A, row 2a to \$142.10.
- b. Change allowances in Column A, row 6b to (1) \$568.60 and (2) \$852.80.
- c. Change allowances in Column A, rows 7b and 8i to (1) \$284.30 and (2) \$426.40.

C. Nonmedical Board and Care rates are increased as follows:

I. RESIDENT OF NONMEDICAL "OUT-OF-HOME CARE" FACILITY

	<u>MINIMUM</u>	<u>MAXIMUM</u>
a. Board and Room	\$218.00	\$218.00
b. Care and Supervision	187.00	233.00
c. Personal and Incidental Needs of Recipient	<u>105.00</u>	<u>59.00</u>
d. Total Individual	\$510.00	\$510.00
e. Total Couple	\$1020.00	\$1020.00

II. RESIDENT OF NONMEDICAL "OUT-OF-HOME CARE" DETERMINED TO BE HOUSEHOLD OF ANOTHER (MPP 46-325.31)

- a. Total Individual \$415.24
- b. Total Couple 877.87

If you have any questions regarding the above information, please contact your Adult Services Program Operations Consultant at (916) 445-8724.

Sincerely,



CLAUDE FINN, Deputy Director
Fox Adult and Family Services Division

Attachment

IHSS INCOME ELIGIBILITY — ADULT

Name _____ Case No. _____ Month _____

RECIPIENT**SPOUSE**

A. Income of aged, blind or disabled individual or couple (if individual has spouse not aged, blind or disabled, also complete Part B)

B. Income of aged, blind or disabled individual and spouse who is not aged, aged, blind or disabled.

	UNEARNED	EARNED		UNEARNED	EARNED
1. Unearned income (list) (Do not show exempt income)			1. Income of client's spouse*	\$	\$
a.	\$		2. Allowance for children not blind or disabled.		
b.	\$		a. Children's needs	\$ 142.10	
c.	\$		b. Children's income*	\$	\$
2. Total unearned income (A1a to A1c)	\$		c. Net needs (a - b)	\$	\$
3. Any income exclusion	\$20		d. Total allowance (add B2 c's)	\$	
4. Net unearned income (A2 minus A3)	\$		3. Remaining unearned income (B1 minus B2d)	\$	
5. Earned income (Do not show exempt income)		\$	4. Unmet children's needs (If B2d is greater than B1 unearned, enter the difference)		\$
6. Unused \$20 exclusion (If A3 is greater than A2, enter the difference)		\$	5. Remaining earned income (B1 minus B4)		\$
7. Earned income exclusion		\$65	6. Net income of spouse (B3 plus B5)		
8. Total exclusions (A6 plus A7)		\$	— If equal to or less than \$142.10, A13 is entered in C1		
9. Remaining earned income (A5 minus A8)		\$	— If greater than \$142.10, complete B7 through B20		
10. Net earned income (A9 X ½)		\$	7. IHSS client's income (From A2 and A5)	\$	\$
11. Other earned income deductions		\$	8. Income of couple (B3 plus B7 unearned, B5 plus B7 earned)	\$	\$
12. Total net earned income (A10 minus A11)		\$	9. Any income exclusion	\$20	
13. Total countable income (A4 plus A12)	\$		10. Net unearned income (B8 minus B9)	\$	
			11. Unused \$20 exclusion (If B9 is greater than B8 unearned, enter the difference)		\$
			12. Earned income exclusion		\$65
			13. Total exclusions (B11 plus B12)		\$
			14. Remaining earned income (B8 minus B13)		\$
			15. Net earned income (B14 X ½)		\$
			16. Other earned income deductions		\$
			17. Total net earned income (B15 minus B16)		\$
			18. Total countable income (B10 plus B17)	\$	
			19. Needs of spouse	\$142.10	
			20. Net countable income (B18 minus B19)	\$	

** If there is also a blind or disabled child in the family, the share of cost shown in Line C3 is not paid. Enter this amount on Form SOC 294C, Line A9. The share of cost will be the amount determined in SOC 294C, Line B16.

C. SHARE OF COST

1. Countable income (higher of A13 or B20)	\$
2. SSI/SSP payment level	\$
3. IHSS share of cost (C1 minus C2)**	\$

Worker _____

Date _____

IHSS INCOME ELIGIBILITY — CHILD

Name _____

Case No. _____

Month _____

PARENT

RECIPIENT

A. Income deemed to a blind or disabled child living at home who is under 18 or 18 — 21 and in school.

B. IHSS share of cost computation for blind or disabled child who is under 18 or 18 — 21, in school and living at home.

☐ Income of parent and parent's spouse where neither is aged, blind or disabled.

Unearned

Earned

Unearned

Earned

1. Gross income

\$

\$

1. Income deemed to child (from A6d, A7d, A8j or A9)**

\$

2. Allowance for children not blind or disabled

a. Children's needs \$ 142.10

b. Children's income \$ \$ \$

c. Net needs (a minus b) \$ \$ \$

d. Total allowance (add A2c's)

\$

3. Remaining unearned income (A1 minus A2d)

\$

4. Unmet children's needs (If A2d is greater than A1 unearned, enter the difference)

\$

5. Remaining earned income (A1 minus A4)

\$

6. If remaining income is EARNED only:

a. \$85 exclusion

\$ 85

b. Allowance for parent and spouse

(1) 568.60 (2) 852.80

\$

c. Total exclusions (A6a plus A6b)

\$

d. Income deemed to child (A5 minus A6c)

\$

7. If remaining income is UNEARNED only:

a. Any income exclusion

\$ 20

b. Allowance for parent and spouse

(1) 284.30 (2) 426.40

\$

c. Total exclusions (A7a plus A7b)

\$

d. Income deemed to child (A3 minus A7c)

\$

8. If income is UNEARNED and EARNED:

a. Any income exclusion

\$ 20

b. Net unearned income (A3 minus A8a)

\$

c. Unused \$20 exclusion (If A8a is greater than A3, enter the difference)

\$

d. Earned income exclusion

\$ 65

e. Total exclusions (A8c plus A8d)

\$

f. Earned income (A5 minus A8e)

\$

g. Net earned income (A8f X ½)

\$

h. Total income (A8b plus A8g)

\$

i. Allowance for parent and spouse

(1) 284.30 (2) 426.40

\$

j. Income deemed to child (A8h minus A8i)

\$

9. Income of parent(s) where one or both are aged, blind or disabled.

9. Parent(s) income in excess of SSI/SSP payment

** Note: If more than 1 eligible child, divide deernable income equally among them, except that if one child has excess income, it is deemed to other eligible children.